



DECLARATION

UTILITY APPLICATION

DOCKET INFORMATION

14580

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CHAIR AND DESK COMBINATION, the specification of which was filed on November 12, 2003 as Serial No. 10/712,287;

I have read the applicable statutes and rules reprinted on the attached page of this declaration which I understand to describe subject matter which is material under 37 C.F.R. § 1.56(a).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States § 119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Send Correspondence to: **SHELDON & MAK**
225 South Lake Avenue, Suite 900
Pasadena, California 91101

Direct Telephone Calls to:
Denton L. Anderson, Esq.
(626) 796-4000

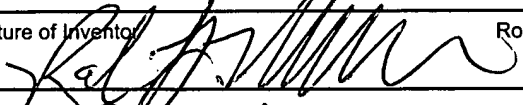
2	FULL NAME OF INVENTOR Robert	FIRST Name	Middle Initial(s) J.	LAST Name Mills
0	RESIDENCE & CITIZENSHIP <input checked="" type="checkbox"/> Torrance	City	State or Foreign Country <input checked="" type="checkbox"/> CA	Country of Citizenship U.S.A.
1	POST OFFICE ADDRESS <input checked="" type="checkbox"/> 2231 Cabrillo Avenue	Post Office Address	City <input checked="" type="checkbox"/> Torrance	State or Country <input checked="" type="checkbox"/> CA
				Zip Code <input checked="" type="checkbox"/> 90501

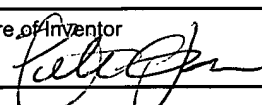
2	FULL NAME OF INVENTOR Peter	FIRST Name	Middle Initial(s)	LAST Name Glass
0	RESIDENCE & CITIZENSHIP <input checked="" type="checkbox"/> ARROYO GRANDE	City	State or Foreign Country <input checked="" type="checkbox"/> CA	Country of Citizenship U.S.A.
2	POST OFFICE ADDRESS <input checked="" type="checkbox"/> 700 MUSTANG CIRCLE	Post Office Address	City <input checked="" type="checkbox"/> ARROYO GRANDE	State or Country <input checked="" type="checkbox"/> CA
				Zip Code <input checked="" type="checkbox"/> 93420

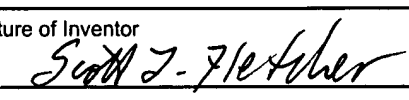
	FULL NAME OF INVENTOR Scott	FIRST Name	Middle Initial(s) L.	LAST Name Fletcher
	RESIDENCE & CITIZENSHIP <input checked="" type="checkbox"/> Redondo Beach	City	State or Foreign Country <input checked="" type="checkbox"/> CA	Country of Citizenship <input checked="" type="checkbox"/> USA
	POST OFFICE ADDRESS <input checked="" type="checkbox"/> 2912 Perkins Lane	Post Office Address	City <input checked="" type="checkbox"/> Redondo Beach	State or Country <input checked="" type="checkbox"/> CA
				Zip Code <input checked="" type="checkbox"/> 90278

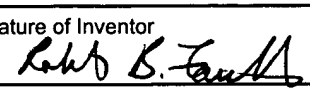
	FULL NAME OF INVENTOR Robert	FIRST Name	Middle Initial(s) B.	LAST Name Faulk
	RESIDENCE & CITIZENSHIP <input checked="" type="checkbox"/> Torrance	City	State or Foreign Country <input checked="" type="checkbox"/> CA	Country of Citizenship <input checked="" type="checkbox"/> USA
	POST OFFICE ADDRESS <input checked="" type="checkbox"/> 1600 W. Carson St. #305	Post Office Address	City <input checked="" type="checkbox"/> Torrance	State or Country <input checked="" type="checkbox"/> CA
				Zip Code <input checked="" type="checkbox"/> 90501

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.

Signature of Inventor 201 <input checked="" type="checkbox"/>		Robert J. Mills
Date <input checked="" type="checkbox"/>	9-7-04	

Signature of Inventor 202 <input checked="" type="checkbox"/>		Peter Glass
Date <input checked="" type="checkbox"/>	9-10-04	

Signature of Inventor 203 <input checked="" type="checkbox"/>		Scott L. Fletcher
Date <input checked="" type="checkbox"/>	9-7-03	

Signature of Inventor 204 <input checked="" type="checkbox"/>		Robert B. Faulk
Date <input checked="" type="checkbox"/>	9-7-03	